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## ONSITE SEWAGE SYSTEM PERMIT: RECORD OF CONSTRUCTION

OSS Permit Memo #	Date
<input type="checkbox"/> Alternative System	

### PROPERTY INFORMATION

Installation Address	Street	City	Assessors Account Number
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### ONSITE SEWAGE SYSTEM DETAIL

#### TANKS

PRESENT	Tank Type	Manufacturer	Model	Material	Liquid Capacity	Compartments	Gal/Inch
<input type="checkbox"/>	Trash Tank						N/A
<input type="checkbox"/>	Septic Tank 1						N/A
<input type="checkbox"/>	Septic Tank 2						N/A
<input type="checkbox"/>	Pump Tank 1						
<input type="checkbox"/>	Pump Tank 2						

#### ADVANCED -TREATMENT

PRESENT	Type	Manufacturer	Model	Number of Orifices	Number of Laterals	Orifice Size
<input type="checkbox"/>	Proprietary			N/A	N/A	N/A
<input type="checkbox"/>	Sand Filter/ Mound	N/A				
<input type="checkbox"/>	Disinfection	Manufacturer	Model			

#### DISPERSAL

- Gravity
- Pressure
- Sand Lined Trench
- Sand Filter
- Mound
- Drip

Manufacturer		Model					
Width:		Depth Into Native Soil:		Vertical Separation:		Total Linear Feet:	
Orifice Information: (if applicable)		Size Of Orifices		# Of Orifices		# Of Laterals	

### ELECTRICAL SETUP INFORMATION: Only Fill out Applicable Sections

#### Pump Information

	Pump Run Test Time:	Drawdown (inches per min):	Gallons Per Minute:	Gallons Per Dose:	Doses Per Day:	Maximum Daily Flow:
Pump 1:						
	Manufacturer:		Model:		Size/Voltage:	
Pump 2 (If applicable):						
	Manufacturer:		Model:		Size/Voltage:	

**ELECTRICAL SETUP INFORMATION (Continued):**  
**Only Fill out Applicable Sections**

**Panel Settings - (Complete Pertinent Sections)**

Manufacturer:					Model:		
<input type="checkbox"/> Mechanical Panel	On Time (hrs/min/sec)	Off Time (hrs/min/sec)	Inches Between ON Setting & Alarm	Cycle Counter Reading	Hour Meter Reading	<b>Float-less Panels Only</b>	
<input type="checkbox"/> Float-less Panel							
Controls Pump 1:						1. On Setting:	2. Veto Setting:
Override/Veto Settings:						3. Z bias:	4. Auto Clear Cycles:

Manufacturer:					Model:		
<input type="checkbox"/> Mechanical Panel	On Time (hrs/min/sec)	Off Time (hrs/min/sec)	Inches Between ON Setting & Alarm	Cycle Counter Reading	Hour Meter Reading	<b>Float-less Panels Only</b>	
<input type="checkbox"/> Float-less Panel							
Controls Pump 2:						1. On Setting:	2. Veto Setting:
Override/Veto Settings:						3. Z bias:	4. Auto Clear Cycles:

**Float-less Panel Notes:**

1. On Setting: Inches from the Bell bottom
2. Veto Setting: Inches from the on setting
3. Z bias: Written on the bottom of the Bell
4. Auto Clear Cycles: Number of cycles to clear all effluent from bell

**PRESSURE DISTRIBUTION LATERALS - (If applicable)**

<input type="checkbox"/> Lateral Squirt Height (Inches)		<input type="checkbox"/> Drip Irrigation Specific Setup	Initial Effluent Flow Meter Reading:	
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**ATTACH RECORD OF CONSTRUCTION DRAWING**  
**(DRAWING OF ACTUAL SYSTEM AS CONSTRUCTED)**

**Note: This is a permanent record.** Please use a straightedge to prepare an accurate, detailed drawing of the constructed OSS system, drawn to, that conforms to Kitsap County Board of Health Ordinance 2008-1, Section 12.C.3.

**ACKNOWLEDGMENT:**

By signing this installation record of construction you are certifying that: a). The system has been setup to operate per state, local code and manufacturers requirements, including proprietary device settings and alarm functionality; and b) All components are accessible for maintenance per the "Onsite Sewage Systems Use, Monitoring & Maintenance Field Manual".

<b>INSTALLER SIGNATURE</b>		
Print Name	Signature	Date

<b>DESIGNER</b>	
Print Name	Date

<b>COMMENTS</b>	
	Designer Stamp